

## Supplementary Material: the Efficacy of Lidocaine in Laryngospasm Prevention in Pediatric Surgery: a Network Meta-analysis

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Table S1: Results of meta-regression analysis to determine whether covariates had a significant effect.

Covariate	P value	
	Univariate meta-regression	Multivariate meta-regression
<b>Surgery</b>	0.152	0.262
<b>Anesthetic gas</b>	0.617	0.542
<b>Airway device</b>	0.886	0.209
<b>Route of administration</b>	0.762	0.385
<b>Timing of administration</b>	0.762	CN
<b>Definition of laryngospasm</b>	0.306/CN/ 0.877	0.167/CN/ 0.254
<b>Blinding of outcome assessment</b>	0.362	0.269

P<0.05 means significant. Abbreviations: CN, collinearity.

Table S2: Probability for each alternative to be at each rank given the analysis model and data.

Drug	Rank1	Rank2	Rank3
<b>Intravenous lidocaine</b>	0.02	0.75	0.23
<b>Placebo</b>	0.98	0.02	0.00
<b>Topical lidocaine</b>	0.00	0.23	0.77

Rank 1 is worst, Rank 3 is best. The bigger number in the rank, the higher probability to be better in that rank.

Table S3: The effects of the laryngospasm interventions on the laryngospasm incidence in inconsistency model.

Intravenous lidocaine	2.33 (0.33, 27.75)	<b>0.22 (0.04, 0.84)</b>
0.65 (0.18, 2.23)	Topical lidocaine	<b>0.16 (0.02, 0.75)</b>
<b>0.16 (0.05, 0.39)</b>	<b>0.26 (0.08, 0.61)</b>	Placebo

Data was listed as RR with 95% CI. Effect estimates from the network meta-analysis including all the 13 studies in the inconsistency model occupy the top right part of the diagram, and the estimates with 2 studies excluded occupy the bottom left part of the diagram. The diagonal corresponds to the comparison. Significant results are in bold. The data should be read from left to right.